



SALISBURY BOWLING CLUB
APPLICATION FOR MEMBERSHIP

PARTICULARS OF APPLICANT

SURNAME..... GIVEN NAME.....
ADDRESS.....
POST CODE DATE OF BIRTH.....
PHONE (HOME)..... MOBILE
EMAIL ADDRESS.....
NEXT OF KIN---name and contact no.....

MEMBERSHIP CLASSES	FEES FOR 2026 2027
FULL MEMBERSHIP	\$295.00
ASSOCIATE/SOCIAL	\$170.00
STUDENT	\$85.00
NEW BOWLER (1 ST YEAR ONLY)	\$90.00
RESTRICTED MEMBER	\$70.00

PLEASE CIRCLE REQUIRED MEMBERSHIP CLASSIFICATION

PROPOSER PRINT NAME.....
SIGNED.....
SECONDER PRINT NAME.....
SIGNED.....
APPLICANTS SIGNATURE..... DATE.....

APPLICANT ACCEPTS NOMINATION AND AGREES TO ABIDE BY THE CONSTITUTION AND RULES OF SALISBURY BOWLING CLUB.

THE FOLLOWING DETAILS TO BE COMPLETED BY APPLICANT AND FORWARDED TO SECRETARY

- (a) Have you played pennants previously? Yes/No
- (b) Were you a member of another bowling if so which club.....
- (c) Previous position played.....
- (d) Will you be available for pennants WED (yes/no) SAT(yes/no) Thurs(yes/no)
- (e) If asked to volunteer, are you able to offer your time?
- (f) Are there any medical conditions the club needs to be aware of?.....

OFFICE USE ONLY Date received..... acceptance forwarded.....